

State of California

Documentation of Disabled Veteran Business Enterprise Program Requirements

CDE Form DVBE1 (2-05)

Designation Of Option Check the appropriate box(es) to indicate the selected option(s) complete the applicable sections and attach the required supporting documentation. Read all instructions carefully prior to completing this form. Remember that only California certified DVBEs who can provide related goods and/or services may be used to satisfy these solicitation requirements.

☐ **OPTION A – I commit to meeting the DVBE contract participation requirement.**

Complete Section A below.

☐ **OPTION B – I performed and documented a Good Faith Effort (GFE) in an attempt to obtain DVBE participation.**

Complete Section A below for GFE Steps 4 & 5 and Section B (page 2) for GFE Steps 1–3.

A. Full information must be provided.

For contract participation commitment, at least one DVBE must be listed. DVBEs must perform a commercially useful function. List the specific goods and/or services with the percentage value that the DVBE(s) commits to provide. Attach additional pages to list all other DVBE subcontractors/suppliers. During contract performance, all requests for substituting named DVBEs must be made in accordance with the provisions of 2CCR, Section 1896.64(c).

For Good Faith Effort (GFE), use this section to document your first completed contacts with (Step 4), and consideration of (Step 5) relevant DVBEs. Business reasons for non-selection must be documented. Attach additional pages (use page 3) to list all other DVBE contacts. Copies of all written invitations, receipt confirmations and copies of web searches must also be attached and submitted with the bid.

Date Contacted			
DVBE Contact Name	Telephone Number ()	FAX Number ()	E-mail (if available)
Specific Goods and/or Services (Commercially Useful Function)			% of Prime Contract ____ . ____ %
<input type="checkbox"/> Yes, I am a DVBE or will subcontract with the listed DVBE providing the identified goods/services:			Do not Round
<input type="checkbox"/> No, I am unable to subcontract with the DVBE for the following business reason:			

Date Contacted	DVBE Company Name & OSDC Reference #		
DVBE Contact Name	Telephone Number ()	FAX Number ()	E-mail (if available)
Street Address, City, State and Zip Code			
Specific Goods and/or Services (Commercially Useful Function)			% of Prime Contract ____ . ____ %
<input type="checkbox"/> Yes, I will subcontract with the listed DVBE to provide the identified goods/services:			Do not Round
<input type="checkbox"/> No, I am unable to subcontract with the DVBE for the following business reason:			

ATTACH ADDITIONAL PAGES (use page 3) TO LIST ALL OTHER DVBE CONTACTS

Go to page 2, Section B to continue Good Faith Effort documentation

State of California

Additional Disabled Veteran Business Enterprise Contacts

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- B. Documentation of Good Faith Effort Steps 1, 2 and 3**—Remember to carefully read all instructions prior to completing this form. Please refer to the Resources & Information page for detailed contact information and a sample advertisement format

STEP 1. Contact the CDE at (916) 322-3035 for assistance with identifying potential DVBE subcontractors/suppliers, and document this contact as required.

Contact Name	()
Describe Result	

STEP 2. Contact all of the following and document contacts as required: Other state and federal agencies and local organizations to identify potential DVBE subcontractors/suppliers. Attach copies of online database searches.

Other State Agency – Procurement Division, OSDC, Certification Office

Phone Contact OR Online Search	Date	Telephone Number (916) 322-5060 (916) 375-4940	Contact Name	<input type="checkbox"/> I contacted the Certification Office for a list of California certified DVBEs.
	Date	Internet Address http://www.pd.dgs.ca.gov/smbus		<input type="checkbox"/> I searched the Certification Office's online database to identify California certified DVBEs.

Federal Agency - U.S. Business Partner Network (Central Contractor Registration) online database, Dynamic *Small Business Search*

Internet Address http://www.ccr.gov	
Describe Result	

Local DVBE Organizations – Contact at least one local DVBE organization—refer to the DVBE Resource Packet for a list of acceptable contacts. (<http://www.pd.dgs.ca.gov/smbus> - select "DVBE Resource Packet")

Organization Name	Contact Name	()
Describe Result		

Date	Organization Name	Contact Name	Telephone Number ()
Describe Result			

STEP 3. Publish advertisements: CDE requires advertisements to be published in two separate publications, in one of the following ways: 1) in one each "Trade" and "Focus" papers; or 2) in one each "Trade" paper and a "Dual Purpose" publication; or 3) in one each "Focus" paper and a "Dual Purpose" publication; or 4) in **two** "Dual Purpose" publications; See the DVBE Resource Packet for a list of acceptable publications. **Attach a copy of your advertisements.**

Paper Name (list full name)	Contact Name	Telephone Number ()
Address		Date Ad Published
Paper Name (list full name)	Contact Name	Telephone Number ()
Address		Date Ad Published

Additional Disabled Veteran Business Enterprise Contacts

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This document may be used as a continuation from Section A.

Date Contacted	DVBE Company Name & OSDC Reference #		
DVBE Contact Name	Telephone Number ()	FAX Number ()	E-mail (if available)
Street Address, City, State and Zip Code			
Specific Goods and/or Services (Commercially Useful Function)			% of Prime Contract ____.____%
<input type="checkbox"/> Yes, I will subcontract with the listed DVBE to provide the identified goods/services:			Do not Round
<input type="checkbox"/> No, I am unable to subcontract with the DVBE for the following business reason:			

Date Contacted	DVBE Company Name & OSDC Reference #		
DVBE Contact Name	Telephone Number ()	FAX Number ()	E-mail (if available)
Street Address, City, State and Zip Code			
Specific Goods and/or Services (Commercially Useful Function)			% of Prime Contract ____.____%
<input type="checkbox"/> Yes, I will subcontract with the listed DVBE to provide the identified goods/services:			Do not Round
<input type="checkbox"/> No, I am unable to subcontract with the DVBE for the following business reason:			

Date Contacted	DVBE Company Name & OSDC Reference #		
DVBE Contact Name	Telephone Number ()	FAX Number ()	E-mail (if available)
Street Address, City, State and Zip Code			
Specific Goods and/or Services (Commercially Useful Function)			% of Prime Contract ____.____%
<input type="checkbox"/> Yes, I will subcontract with the listed DVBE to provide the identified goods/services:			Do not Round
<input type="checkbox"/> No, I am unable to subcontract with the DVBE for the following business reason:			

Date Contacted	DVBE Company Name & OSDC Reference #		
DVBE Contact Name	Telephone Number ()	FAX Number ()	E-mail (if available)
Street Address, City, State and Zip Code			
Specific Goods and/or Services (Commercially Useful Function)			% of Prime Contract ____.____%
<input type="checkbox"/> Yes, I will subcontract with the listed DVBE to provide the identified goods/services:			Do not Round
<input type="checkbox"/> No, I am unable to subcontract with the DVBE for the following business reason:			